

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90239 004 ****61.25

0036034

DOCUMENT # N00000000071

1. Entity Name

CHABAD OF THE PANHANDLE, INC.

Principal Place of Business

1500 STATE ROAD 7
 MARGATE FL 33063

Mailing Address

1500 STATE ROAD 7
 MARGATE FL 33063

2. Principal Place of Business

2093 Greenwood Dr.

Suite, Apt. #, etc.

3. Mailing Address

2093 Greenwood Dr.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip 32303

Country USA

City & State

Tallahassee FL

Zip 32303

Country USA

4. FEI Number

65-0970446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OIRECHMAN, RABBI S
 1500 STATE ROAD 7
 MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Oirechman Rabbi S.

Street Address (P.O. Box Number is Not Acceptable)

2093 Greenwood Dr.

City

Tallahassee

FL

Zip Code

32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Shneur Zalman Oirechman - Rabbi

4-19-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD OIRECHMAN, RABBI S	<input type="checkbox"/> Delete
STREET ADDRESS	1500 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE NAME	TD OIRECHMAN, CHANA	<input type="checkbox"/> Delete
STREET ADDRESS	1500 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE NAME	SD BISTON, RABBI J	<input type="checkbox"/> Delete
STREET ADDRESS	1500 N. STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE NAME	VPD SALVER, ISAAC	<input type="checkbox"/> Delete
STREET ADDRESS	1150 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P.D Oirechman Rabbi S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2093 GREENWOOD DR.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE NAME	T.O Oirechman Chana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2093 GREENWOOD DR.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD Salver Isaac	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1111 KANE CONCOURSE #211	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shneur Zalman Oirechman 4/19/01 850-523-9294

Date

Daytime Phone #

CR2E037 (10/00)